

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216502426						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: TherapeuticsMD, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PARACORP INCORPORATED 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NV</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2016</p> <p>SCC ID NO: F1884495</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>250,000,000</td> </tr> <tr> <td>PREFER</td> <td>10,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	250,000,000	PREFER	10,000,000
CLASS	AUTHORIZED							
COMMON	250,000,000							
PREFER	10,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 6800 BROKEN SOUND PKWY NW THIRD FLOOR</p> <p style="text-align: center;">CITY/ST/ZIP: BOCA RAON, FL 33487</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN C K MILLIGAN IV TITLE: PRES/SECRY ADDRESS: 6800 BROKEN SOUND PARKWAY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN C K MILLIGAN IV TITLE: PRES/SECRY ADDRESS: 6800 BROKEN SOUND PARKWAY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
NAME: JOHN C K MILLIGAN IV TITLE: PRES/SECRY ADDRESS: 6800 BROKEN SOUND PARKWAY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MITCHELL KRASSAN TITLE: VP/CH STRATEGY ADDRESS: 6800 BROKEN SOUND PARKWAY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MITCHELL KRASSAN TITLE: VP/CH STRATEGY ADDRESS: 6800 BROKEN SOUND PARKWAY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
NAME: MITCHELL KRASSAN TITLE: VP/CH STRATEGY ADDRESS: 6800 BROKEN SOUND PARKWAY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DANIEL A CARTWRIGHT TITLE: CFO, TREASURER ADDRESS: 6800 BROKEN SOUND PARKWAY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DANIEL A CARTWRIGHT TITLE: CFO, TREASURER ADDRESS: 6800 BROKEN SOUND PARKWAY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
NAME: DANIEL A CARTWRIGHT TITLE: CFO, TREASURER ADDRESS: 6800 BROKEN SOUND PARKWAY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT G FINIZIO TITLE: CHIEF EX OFCR ADDRESS: 6800 BROKEN SOUND PKWAY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT G FINIZIO TITLE: CHIEF EX OFCR ADDRESS: 6800 BROKEN SOUND PKWAY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
NAME: ROBERT G FINIZIO TITLE: CHIEF EX OFCR ADDRESS: 6800 BROKEN SOUND PKWAY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TOMMY G. THOMPSON TITLE: CHAIRMAN ADDRESS: 6800 BROKEN SOUND PKWY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TOMMY G. THOMPSON TITLE: CHAIRMAN ADDRESS: 6800 BROKEN SOUND PKWY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
NAME: TOMMY G. THOMPSON TITLE: CHAIRMAN ADDRESS: 6800 BROKEN SOUND PKWY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN BERNICK DIRECTOR 6800 BROKEN SOUND PKWY NW THIRD FLOOR BOCA RATON, FL 33487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COOPER C. COLLINS DIRECTOR 6800 BROKEN SOUND PKWY NW THIRD FLOOR BOCA RATON, FL 33487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT V. LAPENTA, JR. DIRECTOR 6800 BROKEN SOUND PKWY NW THIRD FLOOR BOCA RATON, FL 33487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULES MUSING DIRECTOR 6800 BROKEN SOUND PKWY NW THIRD FLOOR BOCA RATON, FL 33487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICHOLAS SEGAL DIRECTOR 6800 BROKEN SOUND PKWY NW THIRD FLOOR BOCA RATON, FL 33487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDALL STANICKY DIRECTOR 6800 BROKEN SOUND PKWY NW THIRD FLOOR BOCA RATON, FL 33487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN C K MILLIGAN IV SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN C K MILLIGAN IV, PRES/SECY PRINTED NAME AND CORPORATE TITLE	1/15/2016 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			